

# CHILD SEXUAL ABUSE AND EXPLOITATION PREVENTION BOARD

## Child Victims' Trust Fund Prevention and Public Education and Awareness Program Funding Application

Fiscal Year \_\_\_\_

### 1. Organization Information

Organization Name	
Mailing Address	
City State ZIP Code	
Phone Number	
Email	
Agency Website	
Federal Employer I. D.	
KY Secretary of State Organization I.D.	
Counties and Cities Served by Agency	

### 2. Primary Contact Information

Contact Name	
Title	
Email Address	
Direct Phone Number	

### 3. Funding Information

Program Title	
Total Amount Requested from CVTF	

### 4. CVTF Funding History

Number of Years Funded			
Last Year Funded		Amount Funded	
Previously Funded Program Title			
Agency Name (if changed)			

### 5. Financial Assistance Data

**Does the applicant have any:**

Outstanding liens or court judgments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain if your response to the question is 'yes'	
Back payments owed to IRS or KY Department of Revenue.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain if your response to the question is 'yes'	
Current or previous civil actions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain if your response to the question is 'yes'	

### 6. Criminal Background Checks

Has the agency obtained KSP criminal background or AOC record check on paid staff within the past 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the agency obtained KSP criminal background or AOC record check on independent contractors within the past 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the agency obtained KSP criminal background or AOC record check on volunteers within the past 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## **7. Program Summary**

## **8. Program Impact**

Regional or Statewide Impact:

Service Area:

## **9. CVTF Promotion Plan**

**Form 1. APPLICATION CHECKLIST**

Check all that apply and/or are attached:

- ☐ Application Checklist
- ☐ Application
- ☐ Statement of Cooperation and Assurances
- ☐ Application Narrative
- ☐ Anticipated Program Revenue Detail—Breakdown by Source Form
- ☐ Budget Plan
- ☐ Budget Narrative

Required Attachments:

- ☐ Evidence of 501(c)(3) or other non-profit/public status (e.g. IRS determination letter)
- ☐ List of Current Board Members with affiliations
- ☐ Agency Staffing Chart or other Personnel Diagram
- ☐ Agency Audit
- ☐ Year-end Financial Statements
- ☐ CV/Resume of Agency director
- ☐ Job descriptions and qualifications for each position involved in the proposed program
- ☐ Letters from collaborative partners on partner's letterhead
- ☐ Agreements for consultant and contractual services on vendor's letterhead
- ☐ Equipment price quote(s) on vendor's letterhead
- ☐ Materials price quote(s) on vendor's letterhead
- ☐ Program curriculum being proposed
- ☐ Evaluation instrument(s) or tool(s)
- ☐ Agency/Program publications (e.g. brochure, newsletter, Web page, etc.)

Application Format (unless otherwise noted in the Guidelines, Overview & Instructions):

- ☐ White, 8 ½" by 11" paper
- ☐ Typed, double-spaced, single-sided
- ☐ Type is not all bold
- ☐ Type is not all capitalization
- ☐ Type is not all italics
- ☐ Page headers reflect agency name on ALL pages
- ☐ The Application Narrative does not exceed 12 pages in length. The Budget Narrative does not exceed 6 pages in length. Anything beyond the page limit will not be considered by the Board.

Signature of Applicant Agency Executive Director or Board Chair:

Name and Title (typed)	
Signature	
Date (typed)	

**APPLICATION NARRATIVE (shall not exceed 12 pages)**

I. Agency Description

A. Mission Statement or Purpose

B. Brief Summary of the Agency's History

C. Brief Summary of Other Child Sexual Abuse Programs Offered by the Agency

II. Primary Program Description

A. Program Description

1. Consistency with Primary Approach

2. Program Rationale and Gaps in Services

3. Program Innovation
4. Program Goals and Objectives
5. Target Population and Contributing Factors
  - a. Access to the Target Population
  - b. Risk, Protective and Vulnerability Factors
    - Risk Factors:
    - Protective Factors:
    - Vulnerability Factors:
  - c. Qualifiers
    - Data Source and the Year the Data was Collected:
  - d. Meeting the Needs of the Target Population
  - e. Prevention of Child Sexual Abuse in the Target Population

B. Program Curriculum

1. Content
2. Learning Goals and Objectives
3. Consistency with Current Research, Literature and Best Practices

Data Source and the Year the Data was Collected:

4. Appropriateness for Target Population
5. Sensitivity to Multicultural Audiences

C. Program Delivery

1. Proposed or Secured Location(s)/ Venue(s)
2. Number of Targeted Recipients
3. Number and Duration of Exposures
4. Interactive Formats

5. Parent Components

6. Internet Components

7. Barriers and Approaches to Overcoming Them

D. Available Resources to Implement this Plan

E. Collaboration and Coordination Efforts with Other Agencies and Groups

F. Implementation Timetable

III. Evaluation Plan – State your objectives in quantifiable terms. State your objectives as outcomes, not process. Objectives should specify the result of an activity. Objectives should identify the target audience or community that you plan to serve. Objectives need to be realistic and something you can accomplish within the funding period.

A. Evaluation of Program Goals and Objectives

B. Evaluation of Learning Goals and Objectives

C. Determination of Success



D. Evaluation Instrument(s), Tool(s) and/or Other Assessment Methods of Each Objective and Goal

E. Evaluation/Assessment Timeframes

F. Program Modifications, Enhancements or Improvements

IV. CVTF Promotion Plan

A. CVTF Logo, Income Tax Refund Check-Off and "I Care About Kids" License Plate and CVTF Funding Statement in Published Materials

B. Distribution of CVTF Posters and Brochures

C. Plan to promote the CVTF in publication and/or social media

**PROGRAM BUDGET**

**Form 3. Anticipated Program Revenue Detail —Breakdown by Source Form**

Source	Committed or Potential Funding	Sub-Total Amount
CVTF Funding	Potential	

<b>Cash Match*</b> (minimum 10% of total CVTF Funding request)		

<b>In-kind Match*</b>		

<b>GRAND TOTAL (all sources of anticipated program revenue)</b>	
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\* Pursuant to KRS 15.935(1) (a) 2 and KRS 15.940 (4), A 50% MATCH IS REQUIRED. The match composition shall be as follows: The Cash match (i.e. other funding sources, cash donations, grants, salaries paid through agency sources, etc.) shall total at least 10% of the total CVTF grant amount. This sum shall be subtracted from the total match amount. The remainder of the match requirement may be met through cash and/or in-kind match (i.e. donated facilities, goods or services, volunteer services, etc.). The type of contributions stipulated as cash and in-kind must be directly related to the program being funded and shall be subject to approval of the Board, and the applicant shall maintain documentation for such contributions.

**Form 4. Budget Plan**

**Name of Agency:**

**Name of Program:**

**Budget Period: From (mm/dd/yy)                      To (mm/dd/yy)**

**1.      ANTICIPATED PROGRAM REVENUE: \$**

CVTF Funding (column A) \$                                      Total Match (columns B and C) \$

**2.      PROGRAM BUDGET:**

	Funding Sources			
Cost Category	CVTF Funding (Column A)	Cash Match (Column B)	In-Kind Match (Column C)	SUB-TOTALS (Column D)
a) Staff Salaries				\$
b) Staff Fringe Benefits				\$
c) Consultant/Contractual Services				\$
d) Training & Travel				\$
e) Operational Expenses				\$
f) Equipment				\$
g) Materials				\$
<b>GRAND TOTALS</b>	\$	\$	\$	\$

**BUDGET NARRATIVE (shall not exceed 6 pages in length)**

A. Cost Categories

1. Staff Salaries

- a. Justifications and Mathematical Calculations for Staff:
- b. Need for CVTF Funding:
- c. Lack of Alternative Funding Sources:
- d. Justifications and Mathematical Calculations for Volunteers:

2. Fringe Benefits

- a. Components:
- b. Justifications and Mathematical Calculations:
- c. Need for CVTF Funding:
- d. Lack of Alternative Funding Sources:

3. Consultant and Contractual Services

4. Training and Travel

5. Operational Expenses

6. Equipment

a. Justifications and Mathematical Calculations:

b. Need for CVTF Funding:

c. Lack of Alternative Funding Sources:

7. Materials

B. Diversification of Funding

C. Reduced CVTF Funding